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FAX COVER SHEET

Monday, September 22, 2003 08:40:24 PM

**To: USPTO
Attention: Examiner Koslow
Fax #: 17038729601**

**From:
Fax: 2 pages and a cover page.**



Note:
Examiner Koslow:

These are the signed pages, per our discussion today. If there is anything I need to do at this time, please do not hesitate to call me at (919) 602-8002.

Thanks for all of your help!

Michael Kinnaird

Received from < > at 9/22/03 8:42:08 PM [Eastern Daylight Time]

Approve
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM		Application Number 09/184	
		Filing Date Sept 16	
		First Named Inventor Jehan C	
		Art Unit 1755	
		Examiner Name Koslow	
Total Number of Pages in This Submission 7		Attorney Docket Number 7 FL	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> <input type="checkbox"/>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	<i>Michael Gates Kignaird</i>	<i>Lydia F.</i>
Signature	<i>Michael Gates Kignaird</i>	
Date	<i>9/20/03</i> <i>Lydia F.</i> <i>9/20/03</i>	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 14 on the date shown below.

Typed or printed name	<i>Michael Gates Kignaird</i>	
Signature	<i>Michael Gates Kignaird</i>	

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Application/Control Number 09/848,666 - Office Action 1 Response

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9/20/03

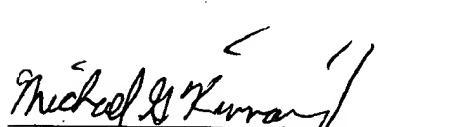
Examiner C. Melissa Koslow
Primary Examiner
US Patent and Trademark Office
Art Unit 1755
Tech Center 1700
(703) 872-9310 (F)

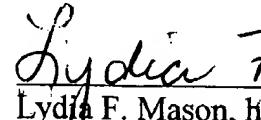
REFERENCE TO: APPLICATION NO. 09/848,666

a.) INTRODUCTORY COMMENTS

The Remarks and Amendments below are in response to the Office Action on the above application, which Office Action was mailed on 6/25/03. We acknowledge and accept the signatures that this is our response to this Office Action and that to the best of our belief, the amendments contained herein do not contain any new matter.

Please note also that this page is being sent twice, once as a part of the original correspondence and once with our signatures affixed. We hereby certify that this correspondence has been transmitted to the USPTO.


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Application/Control Number 09/848,666 - Office Action 1 Response

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9/20/03

Examiner C. Melissa Koslow
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